

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP		
1	1						51	
2	1						52	
3	1						53	
4	2						54	
5	2						55	
6	1						56	
7	1						57	
8	1						58	
9	1						59	
10	1						60	
11	1						61	
12	2						62	
13							63	
14							64	
15							65	
16							66	
17							67	
18							68	
19							69	
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41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	1						TOTAL IND.	
TOTAL DEP.	14						TOTAL DEP.	
TOTAL CLAIMS	15						TOTAL CLAIMS	